										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 O9 60055													35	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	L ENTIT	OR	OTHER SMALL		
F	OR		NUMBE	NUMBER FILED N			NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE										345.0	OR	-1 - C 11-C	690.00	
TOTAL CLAIMS			38 minus 20= · /				S		X\$ 9=		OR		224	
INDEPENDENT CLAIMS			(minus 3 = ' 3				5		X39=		OR	X78=	2211	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		-	+260=	7.27		
· If	the difference	less than ze	' l	TOTAL		OR OR	TOTAL	1200						
CLAIMS AS AMENDED - PART II () X () L OTHER THAN													THAN	
(Column 1) (Column 2) (Column 3)								<i>\\\\</i>	SMALI	L ENTITY	OR	SMALL		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L	RATE	ADDI- TIONAL FEE	
	Total	. /	ηQ	Minus	MY	200	5 /		X\$ 9=		OR	X\$18=		
	Independent	NITATIC	NOT W	Minus	***	TATE OF ALL]=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=		
										T.	OR	YOTAL		
(Column 1) (Column 2) (Column 3)										.C		ADDIT. FEE		
AMENDMENT B		REM Af	AIMS AINING TER IDMENT		NI PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	NL	RATE	ADDI- TIONAL FEE	
	Total	•		Minus	. ** .		B		X\$ 9=		OR	X\$18=	·	
	Independent	•		Minus	***		=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	1	OR			
								Į	TOTA	u l		TOTAL		
	(Column 1) (Column 2) (Column 3)									E L		ADDIT. FEE		
ပ		CL	AIMS AINING		H	GHEST JMBER	PRESENT) ₋ [ADDI	7		ADDI-	
AMENDMENT		AF	TER IDMENT		PRE	VIOUSLY ID FOR	EXTRA		RATE	TION/	\L	RATE	TIONAL FEE	
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•		Minus	•••		=	l	X39=	 	┨.	V70		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+	OR		 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	ber Pre	riously Pai	d For (Total or	Indepe	indent) is the	e highest numbe	r fou	ind in the a	appropriate	box in co	olumn 1.		